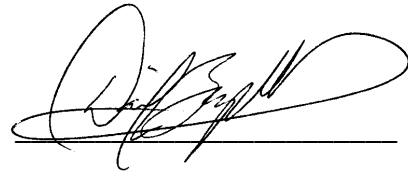


EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: January 1, 2017



EMS Agency Medical Director

### BLS Chest – Abdominal Trauma

#### INFORMATION NEEDED:

- Mechanism of injury (MOI)
- Complaint:
  - Chest pain, respiratory distress, neck discomfort, abdominal pain
- Medical History:
  - Cardiovascular problems, respiratory problems, medications, or pregnancy

#### OBJECTIVE FINDINGS:

- DCAP-BTLS
  - Deformities, Contusions/Crepitus, Abrasions, Punctures/Penetrations, Burns, Tenderness, Lacerations, Swelling
- Paradoxical Chest Wall Movement (flail segment):
  - 2 or more ribs broken in 2 or more places
  - Rib cage/sternal and pelvic instability, abdominal rigidity and guarding
- Neck vein distension, tracheal position or deviation, air leaks, lung sounds, heart sounds, pulse pressure, oxygenation, skin signs, blood pressure in both arms

#### TREATMENT

1. ABC's
2. Oxygen 10-15L/min via non-rebreather mask. Patients with ineffective respirations: Support with ventilations via BVM and appropriate adjunct.
3. Spinal immobilization if indicated by mechanism of injury and patient assessment.
4. Control external bleeding and stabilize impaled objects with bulky dressings.
5. Transport patient in position of comfort if not in spinal precautions. Place pregnant patients in left lateral recumbent position.
6. Routine medical care
7. Flail Chest:
  - a. Stabilize the involved side of chest wall to reduce paradoxical movement

- i. Use thick bandages, towels, or pillows can be taped to the patient's chest.
- 8. Chest wounds with air leaks:
  - a. Cover (do not pack the wound)
  - b. Apply occlusive dressing taped on three (3) sides, continually assess for tension pneumothorax. If the patient's condition worsens after the application of occlusive dressing, remove dressing momentarily during forceful exhalation. Evaluate patient, then reapply by securing the dressing on three sides only.
    - i. Dressing acts as a one-way-valve allowing air to escape, but not enter the chest
- 9. Open Neck Wounds:
  - a. Cover the wound with an occlusive dressing and apply direct pressure. If uncontrolled hemorrhage occurs, pack wound with hemostatic gauze before covering wound with occlusive dressing.
- 10. Impaled Objects:
  - a. Do not remove object unless it interferes with CPR or upper airway.
  - b. Stabilize object in place.
- 11. Abdominal Evisceration
  - a. Cover with sterile saline-soaked dressing.
  - b. Cover saline-soaked dressing with occlusive dressing.

NOTE:

1. Continually assess for signs of shock.
2. Continually monitor patient's airway and breathing closely.